

Operations Officer
Tel. Ext. _____
Date _____

25X1C4a

COVERT PERSONAL SERVICES CONTRACT
INFORMATION AND CHECK LISTPseudonym _____ Project _____
Status: _____

*Staff Agent, Career Agent, Agent, Consultant or Agent, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AX, AY, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DB, DC, DD, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, DZ, EA, EB, EC, ED, EE, EF, EG, EH, EI, EJ, EK, EL, EM, EN, EO, EP, EQ, ER, ES, ET, EU, EV, EW, EX, EY, EZ, FA, FB, FC, FD, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FN, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, GZ, HA, HB, HC, HD, HE, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HS, HT, HU, HV, HW, HX, HY, HZ, IA, IB, IC, ID, IE, IF, IG, IH, II, IJ, IK, IL, IM, IN, IO, IP, IQ, IR, IS, IT, IU, IV, IW, IX, IY, IZ, JA, JB, JC, JD, JE, JF, JG, JH, JI, JJ, JK, JL, JM, JN, JO, JP, JQ, JR, JS, JT, JU, JV, JW, JX, JY, JZ, KA, KB, KC, KD, KE, KF, KG, KH, KI, KJ, KK, KL, KM, KN, KO, KP, KQ, KR, KS, KT, KU, KV, KW, KX, KY, KZ, LA, LB, LC, LD, LE, LF, LG, LH, LI, LJ, LK, LL, LM, LN, LO, LP, LQ, LR, LS, LT, LU, LV, LW, LX, LY, LZ, MA, MB, MC, MD, ME, MF, MG, MH, MI, MJ, MK, ML, MM, MN, MO, MP, MQ, MR, MS, MT, MU, MV, MW, MX, MY, MZ, NA, NB, NC, ND, NE, NF, NG, NH, NI, NJ, NK, NL, NM, NN, NO, NP, NQ, NR, NS, NT, NU, NV, NW, NX, NY, NZ, OA, OB, OC, OD, OE, OF, OG, OH, OI, OJ, OK, OL, OM, ON, OO, OP, OQ, OR, OS, OT, OU, OV, OW, OX, OY, OZ, PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, PW, PX, PY, PZ, QA, QB, QC, QD, QE, QF, QG, QH, QI, QJ, QK, QL, QM, QN, QO, QP, QQ, QR, QS, QT, QU, QV, QW, QX, QY, QZ, RA, RB, RC, RD, RE, RF, RG, RH, RI, RJ, RK, RL, RM, RN, RO, RP, RQ, RR, RS, RT, RU, RV, RW, RX, RY, RZ, SA, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SP, SQ, SR, SS, ST, SU, SV, SW, SX, SY, SZ, TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP, TQ, TR, TS, TT, TU, TV, TW, TX, TY, TZ, UA, UB, UC, UD, UE, UF, UG, UH, UI, UJ, UK, UL, UM, UN, UO, UP, UQ, UR, US, UT, UU, UV, UW, UX, UY, UZ, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VQ, VR, VS, VT, VU, VV, VW, VX, VY, VZ, WA, WB, WC, WD, WE, WF, WG, WH, WI, WJ, WK, WL, WM, WN, WO, WP, WQ, WR, WS, WT, WU, WV, WW, WX, WY, WZ, XA, XB, XC, XD, XE, XF, XG, XH, XI, XJ, XK, XL, XM, XN, XO, XP, XQ, XR, XS, XT, XU, XV, XW, XX, XY, XZ, YA, YB, YC, YD, YE, YF, YG, YH, YI, YJ, YK, YL, YM, YN, YO, YP, YQ, YR, YS, YT, YU, YV, YW, YX, YY, YZ, ZA, ZB, ZC, ZD, ZE, ZF, ZG, ZH, ZI, ZJ, ZK, ZL, ZM, ZN, ZO, ZP, ZQ, ZR, ZS, ZT, ZU, ZV, ZW, ZX, ZY, ZZ

Is ultimate conversion to staff status anticipated? _____
Is the individual presently engaged by CIA in any capacity? _____ Describe _____

Security Clearance: Type: _____ Date: _____

T/O: Does this individual block a project T/O slot? (Yes - No) _____

Acknowledgment of pseudonym on file in _____

I. Proposed Assignment

A. Duties: (Outout, courier, reports, liaison and contacts, major operational duties, administrative, etc.) _____

B. Anticipated Duration: _____

C. Permanent Post (City and Country) _____

II. Personal Qualifications

A. Citizenship _____

B. Age _____

C. Normal residence (City and Country) _____

D. Marital Status _____

E. Number of dependents (including spouse) _____

F. Education (check) High School _____ College _____ Post Graduate _____

G. Military Status: Retired _____ Reserve _____ Draft eligible _____

H. (1) Highest previous salary earned _____

(2) Last previous salary earned _____

I. Special qualifications for assignment (area experience, language, contacts, technical or professional skills, general proven abilities) _____

III. Cover Activity Proposed

A. Brief Description: _____

B. Miscellaneous (check appropriate items) _____

(CIA Proprietary Activity _____ (Durable Long Range Cover _____

(CIA Subsidized Activity _____ (Short Range Cover _____

(Neither _____

C. Does the individual have a cover activity which was previously established without the assistance of CIA and which will be continued? _____

D. If the answer to (C) is yes, explain in detail, indicating, among other things, the amount of compensation which will be paid by the cover activity for bona fide services without reimbursement from CIA _____

E. Will any portion of the compensation or allowance paid by the cover activity be offset against amounts due from CIA? _____

IV. Special Field Conditions

A. Will the agent be able to make frequent contact with a CIA base possessing forms and regulations? Yes _____ No _____

B. If so, does the base have adequate communication facilities? _____

C. Will the agent have access to administrative advice from a field base? _____

D. Will the agent be working with staff employees or staff agents under comparable security and cover conditions and with comparable administrative supervision? Yes _____ No _____

E. Would detection of the possession of routine administrative or financial data probably result in arrest of the individual or jeopardy to his safety? Yes _____ No _____

F. Would detection of the possession of operational data probably result in the arrest of the individual or jeopardy to his safety? Yes _____ No _____

G. Aside from C.E. action, is this agent likely to sustain physical injuries in the course of training or because of the nature of the cover activities? Yes _____ No _____

A. Compensation:

	CIA	COVER
(1) Basic	\$_____	\$_____ ()
(2) Additional (Post Differential)	\$_____	\$_____ ()
(3) Profit participation or bonus	\$_____	\$_____ ()
(4) Total	\$_____	\$_____ ()

B. Quarters: Furnished by: Govt. _____ Cover _____ Individual _____

C. Allowances: (Normally granted only to residents of U. S.)

	CIA	COVER
1. Living-Quarters	\$_____	\$_____ ()
2. Cost-of-Living	\$_____	\$_____ ()
3. Other	\$_____	\$_____ ()
4. Total	\$_____	\$_____ ()

5. Basis for payment: (check one)

- (1) Per SGCAR's as to rates and application (normal in absence of extenuating security or administrative problems) _____
- (2) Per SGCAR's as to rates but with only general application of normal procedures _____
- (3) Per other basis - describe and justify _____

D. Operational Expenses: (Check proper space. If maximum limit, give dollar value)

1. Purchase of information. Yes _____ No _____ Limit _____ (amount) _____
2. Entertainment. Yes _____ No _____ Limit _____ (amount) _____
3. Use of personal vehicle - authorized rate per mile _____
4. Other (describe) _____ Limit _____ (amount) _____

E. Travel Expenses:

1. Individual with dependents _____ without dependents _____
2. If "with" dependents, identify relationship _____
3. Household effects _____
4. Personal vehicle _____
5. Is field travel authorized only on CIA direction? _____
6. Basis for payment: (check one)
- (a) Per SGTR's as to rates and application _____
- (b) Per SGTR's as to rates but with only general procedural requirements _____
- (c) Other (describe fully) _____
7. Will any travel expense be paid by cover? (Describe and add "R" if reimbursable.) _____

F. Miscellaneous Benefits:

(Except in special cases, applicable only to Staff and Career Agents. Check as appropriate.)

1. Death and disability:
- (a) Per Federal Employees' Compensation Act _____ 25X1C4a
- (b) Other (Give details) _____
2. Leave: (If other than per CIA _____ regulations, give amounts)
- (a) Annual _____ (b) Sick _____ (c) Home _____
3. Retirement reserve _____
4. Continuance pay and allowances per Missing Persons Act _____
5. Overseas insurance:
- (a) Life _____
- (b) Hospitalization _____
- (c) Premium payment by individual _____
- (d) Premium payment by CIA _____
6. Rehabilitation rights _____

G. Term.

1. Duration of Contract _____
2. Effective date of Contract:
- (a) On execution (check) _____ (b) Other (specify) _____
3. Renewable: Yes _____ No _____
4. Termination Notice _____ (number of days, if any)
5. Forfeiture of return travel for resignation prior to contract term.
- Yes _____ No _____ (Explain) _____

H. Additional or unusual requirements, justifications or explanations.

Approving Officer